The ruling of the Industrial Accident Commission went one step beyond the tabling of the current petition. It called for the abandonment of the present fee schedule after June 30, 1949. Thus in one breath the Commission has ruled that it has no authority to enforce "any medical fee schedule" and that it will enforce the present schedule until next June 30. It seems reasonable to ask, if the Commission believes it now has no authority to enforce a fee schedule, how it can enforce the present one until next June 30.

Acting on this reasoning and the Commission's ruling, the Council of the C.M.A. has voted that a copy of the 1948 proposed schedule of fees be sent to every Association member, with the suggestion that these fees be applied in all industrial accident cases on and after February 1, 1949. If the Industrial Accident Commission has no authority to enforce a fee schedule, and no intention of doing so, chaos is the only result we can foresee when the present schedule is dropped.

The Council's move is intended to place the members of the Association in a proper position to bargain individually with insurance carriers when the lid is taken off industrial fees and the sky becomes the limit. The Association has worked long and hard to produce a schedule of fees which are believed to be fair and equitable in these cases; it is not asking anything exorbitant but it is asking that fair and just fees be recognized. The laborer is certainly worthy of his hire.

Copies of the new proposed schedule have been sent to all members. If additional copies are needed, they may be had on request. If they are used by the doctors of the state, an adjustment of industrial accident medical and surgical fees may be realized without the formality and indignity of the hat-in-hand petitioner who, like Oliver Twist, is only asking enough to sustain himself.

Hospital Districts and Acorns

The village smithy stood in the shadow of a spreading chestnut tree; this from a lowly chestnut once did grow. Innumerable events historic have transpired in and about the lordly oak, which we are told from a minute acorn grew.

It is less than five years since the kernel of the hospital district idea first appeared upon the horizon medical. The following is the growth to date in this one state alone:

Estimated number of hospital districts	36
Bond issues authorized to date	18
Bond issues rejected to date	2
District hospitals actually operating	5
District hospitals under construction (blueprints and up)	12
Hospital districts proposed	10

The small hospital for the rural community of size sufficient to support a hospital is obviously a most worthy project. The small hospital, like the large hospital, often reflects the quality and conscience of the directing board, plus the ability of the staffing physicians. It will come as a shock to many physicians to learn that in the five district hospitals now in operation there is not a single physician on the board of directors. It will come as a further shock to learn that these boards are appointed politically and elected politically. Such method of appointment and election. *may* result in excellent directors, but in the absence of any medical guidance, the reverse is obviously true.

The following are the district hospitals now in operation:

Location	*Name*	*Bed Capacity*
Pittsburg	Pittsburg Community Hospital	70
Crescent City	Seaside Hospital	29
Coalinga	Coalinga District Hospital	22
Bishop	Northern Inyo Hospital	12
Hemet	Hemet Valley Hospital	25

Many physicians are aware of the fact that osteopaths in this state carry licenses often equivalent to those granted M.D.'s. Such osteopaths are especially numerous in our southern sector. Some have their own hospitals; some are on the staffs of existing hospitals and some are demanding representation on the boards of, or rights of admitting patients to, the new district hospitals. When the staff of a hospital has some control over the policies and practices in that institution, and when that staff is made up of experienced physicians, the safety of the patients is engendered. Under other circumstances, their safety may not be protected as much as fully trained physicians would prefer.

Before sponsoring the creation of additional hospital districts, or the enlargement of district hospitals now in operation, physicians might do well to pause and reflect upon the acorn.